SERIAL NO. 10/5 05/90 APPLICANT(S) FILING DATE MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) CLAIMS. AS FILED AFTER AFTER 1st AMENDMENT 2nd AMENDMENT IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. TOTAL TOTAL TOTAL DEP. TOTAL DEP. TOTAL 38